

# THE LANCET

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### THE WORLD BANK ACCUSED OF DECEPTION AND MEDICAL MALPRACTICE IN MALARIA TREATMENT

In a **Viewpoint** published online by *The Lancet* on Africa Malaria Day (April 25), a group of public health experts claim that the World Bank has published false financial and statistical accounts and wasted money on ineffective medicines in malaria treatment. Also published online today is a response from The World Bank, which argues that the authors' claims are unfounded. An **Editorial** by *The Lancet* considers the challenge lying ahead for new World Bank president, Paul Wolfowitz.

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The World Bank has an annual budget of US \$ 20 billion and is the largest foreign aid organisation with a mission to reduce poverty. Malaria kills over 1 million—mainly African children—yearly and causes vast poverty. In their Viewpoint Amir Attaran (University of Ottawa, Ontario, Canada) and colleagues argue that the Bank's new Global Strategy & Booster Program for controlling malaria in 2005–10 continues the organisation's history of neglect for the disease. The authors' allege that since 2000, the Bank:

- concealed the amount of its expenditures to malaria
- reneged on its promise of US\$300–500 million for malaria control in Africa
- downsized its staff of malaria experts from 7 to zero, shortly after promising to do more for the disease
- published false epidemiological statistics to exaggerate the performance of its projects
- funded clinically obsolete treatments, against the World Health Organization's advice, for a potentially deadly form of malaria in India

Attaran and colleagues recommend that since the Bank has downsized all its malaria staff and has little expertise left, it wind down its malaria projects and allocate US\$1 billion to other institutions, such as the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).

In response, the World Bank's Jean-Louis Sarbib and colleagues acknowledge that the institution should have done more in the past to intensify its anti-malaria efforts, but nonetheless take exception to the charges. Citing research and experience on the pros and cons of different ways of providing development assistance for health, the World Bank claims that it is challenging to link funding for health-systems directly to improvements in outcomes of a particular disease control effort.

Sarbib and colleagues also note that the World Bank in India focused on co-financing a country-led strategy that tailored drug-treatment policies to match different malaria parasites within different regions of the country. They write that this approach is more effective than a one-size-fits-all policy in a large country like India where patterns of drug sensitivity vary within the country itself. Sarbib and colleagues present evidence to show that reported malaria cases declined much faster in those project districts supported by the World Bank than in India as a whole.

Responding to Attaran and colleagues' calls for the Bank to hand over US\$1 billion to the GFATM, Sarbib and colleagues state they are currently working in close cooperation with the Fund. The authors' stress the increased staffing and financing of malaria control by the Bank in their **Viewpoint**. They state: "World Bank Group President, Paul Wolfowitz, has put the full weight of his leadership behind the Bank's renewed commitment to malaria, with a strong emphasis on results."

In an accompanying **Editorial** *The Lancet* comments: "Malaria accounts for 10% of Africa's disease burden and US\$12 billion yearly in lost productivity. The Abuja declaration of April 25, 2000, calls for halving malaria mortality in Africa by 2010. If the World Bank is serious about being judged on results, as Sarbib and colleagues propose, then the Abuja target provides an excellent opportunity for cost-effective action."

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